

of liberal and courageous spirit indifferent to the attacks made on those who are called upon to advance the status of their sex, by union and organisation, bearing in mind that having won the support of their colleagues in all parts of the world the battle of the Nurses is practically won.

In conclusion, we are sure that we are expressing the feeling of the members of the affiliated Societies of Nurses, in offering a warm vote of thanks to all those delegates on the Provisional Committee who have by their executive work piloted the National Council of Nurses through the period of inception and probation. This Committee now dissolves to make way for the fully formed Council, on which we may hope many tried friends will consent to act. We also heartily thank the German Nurses' Association for its very kind telegram of encouragement.

Medical Matters.

THE OPERATIVE TREATMENT OF CHRONIC CONSTIPATION.

Mr. W. Arbuthnot Lane, M.S., reports in the *British Medical Journal* some interesting records of cases of chronic constipation benefited by removal of the large bowel.

He points out that "while the term 'chronic constipation' is in the large majority of cases quite correct, yet in a certain number a very advanced condition of autointoxication may be associated with a daily evacuation of the bowel, and also in some of the complications of chronic constipation, such as mucous, membranous, or ulcerative colitis, the motions are usually fluid and frequent."

He says in part: "In the earliest cases in which I removed the greater part of the large bowel the symptom demanding it was pain, usually in the cæcum, splenic flexure, or sigmoid. Though I was aware of the associated symptoms of autointoxication I did not operate for their removal, nor was I aware that the excision of the large bowel would result in their complete disappearance. I only became conscious of this result after the removal of the large bowel. And the comparatively abrupt change which ensued during the few days following the operation was almost startling."

At first I was satisfied in most cases to remove the large bowel as far as the splenic flexure, as I believed that the risk of the operation was reduced by leaving the descend-

ing colon and sigmoid, for these structures being vertically placed I did not expect that material would accumulate in them above the junction of the ileum and rectum. I found, however, that many of those in whom this portion of the large bowel was left complained, after a lapse of time, of symptoms which I was able to attribute to distension of the descending colon and sigmoid with gas. Therefore I excised the residual bowel in many such cases of incomplete resection and took away the entire large bowel with the exception of the rectum in all primary operations.

"Constant and prolonged vomiting frequently was a very distressing feature after these operations, and in some cases it was so serious as to imperil the life of the patient. We found by putting the patient on constant and abundant subcutaneous saline injection all vomiting was done away with, the beneficial result to the patient of the subcutaneous injection being most striking. Instead of these patients vomiting for days, the large majority do not vomit once after the operation. I am under the impression that abundant subcutaneous infusion also obviates what I have found to be an occasional objectionable complication in very advanced cases, namely, the fixation of the dilated small intestine by adhesions. These occasionally produce obstruction of the anchored bowel and may call for surgical interference for their liberation. In this way the risks of the operation have been greatly reduced. One might say that if the patient is in a condition to bear any surgical operation of moderate severity the removal of the large bowel may be undertaken with the same sense of security."

THE SYMPTOMS AND ETIOLOGY OF MANIA.

Dr. Lewis Bruce, who delivered the third of the present series of Morrison lectures to the Royal College of Physicians, Queen Street, Edinburgh, on "The Symptoms and Etiology of Mania," described recent research work which had been directed to the discovery of the causal organism, and said the result of the work had been the discovery of several strains of one variety of micro-organism. As the result of his observations, Dr. Bruce stated that in his opinion the poisons causing mania were bacteria or bacterial poisons which were formed in the intestinal tract. Recovery only meant that the products of these organisms, the poisons which they formed, were for the time being neutralised, so that any lowering of the general health might be, and frequently was, followed by another poisoning of the brain and further attacks of mania.

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